

CHAPTER 7 SECTION 13.1

CUSTODIAL CARE PRIOR TO DECEMBER 28, 2001

ISSUE DATE: May 9, 1989

AUTHORITY: [32 CFR 199.4\(e\)\(12\)](#)

I. DEFINITION

Custodial Care. Care rendered to a patient (1) who is disabled mentally or physically and such disability is expected to continue and be prolonged, and (2) who requires a protected, monitored, or controlled environment whether in an institution or in the home, and (3) who requires assistance to support the essentials of daily living, and (4) who is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability to the extent necessary to enable the patient to function outside the protected, monitored, or controlled environment. A custodial care determination is not precluded by the fact that a patient is under the care of a supervising or attending physician and that services are being ordered and prescribed to support and generally maintain the patient's condition, or provide for the patient's comfort, or ensure the manageability of the patient. Further, a custodial care determination is not precluded because the ordered and prescribed services and supplies are being provided by an RN, LPN, or LVN.

NOTE: The determination of custodial care in no way implies that the care being rendered is not required by the patient; it only means that it is the kind of care that is not covered under TRICARE. A program of physical and mental rehabilitation which is designed to reduce a disability is not custodial care as long as the objective of the program is a reduced level of care.

II. POLICY

A. Benefits are not available for services related to a custodial care case, with the following specific exceptions:

1. Benefits are payable for otherwise covered prescription drugs and medicines, medical supplies and durable medical equipment, even if prescribed primarily for the purpose of making the person receiving custodial care manageable in the custodial environment.

2. Benefits may be extended for otherwise covered services or supplies directly related to admission to an acute care general or special hospital if the care is at the appropriate level and meets other requirements of the [32 CFR 199.4](#).

B. Recognizing that even though the care being received is determined primarily to be custodial, the following specific services are covered:

1. Benefits for 1 hour of nursing care per day.
2. Benefits for up to twelve physician visits per calendar year (not to exceed one per month) for monitoring the patient's condition.

NOTE: Benefits may be extended for additional physician visits related to the treatment of a condition other than the condition for which the patient is receiving custodial care (an example is a broken leg as a result of a fall).

C. The fact that TRICARE extends benefits for prescription drugs, medical supplies, durable medical equipment and limited skilled nursing and physician services in no way affects the custodial care determination if the case otherwise falls within the definition of custodial care.

D. For custodial care on or after December 28, 2001, refer to Chapter 7, Section 13.1A.

III. EXCEPTION

Custodial care in a hospital. As an exception to the custodial care exclusion, benefits may be extended for otherwise covered services or supplies directly related to a covered admission to an acute care hospital if the care is at the appropriate level and is otherwise covered. Custodial care in other than acute care hospitals and in other institutions, such as residential treatment facilities or skilled nursing facilities, shall be denied.

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